PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

08/21/2009

FILING DATE

08/25/2003

TITLE OF INVENTION: FLONGATED INTRA-LUMENAL MEDICAL DEVICE

28075

APPLICATION NO.

10/647.613

7590

MINNEAPOLIS, MN 55403-2420

CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800

or Fax (571)-273-2885

Kathleen L. Boekley

November 20, 2009

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

1001.1686101

(Depositor's name

CONFIRMATION NO.

2850

(Signature Date

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mainted to the current correspondence address a midicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' of maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FIRST NAMED INVENTOR

Instin M Crank

1810 11/23/2009	\$1810			ISSUE PEE DUE	SMALL ENTITY	APPLN. TYPE		
		so	\$300	\$1510	NO	nonprovisional		
			CLASS-SUBCLASS	ART UNIT	EXAMINER			
			600-585000	3736	FFREY GERBEN	HOEKSTRA, JE		
2 TUFTE LLC 1 TUFTE LLC 1 TUFTE LLC 2 agent) and the names of up to meyor or apents. If no name is			2. For printing on the pasted front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, so name wilb per printed.			Change of correspondence address or indication of "Fee Address" [37 FR. 1.53). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. 32 Fee Address "indication for Fee Address" indication form PTO/SB/37; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		
clow, the document has been filed for		atent. If an assignee is id	I a substitute for filing an	ified below no assignee	nless an assignee is ident rth in 37 CFR 3.11. Com	DE DACE MOTE: 11-		
private group entity Governmen	on or other private grou	e, Minnesota Individual 🖾 Corporati			ntific Scimed,			
	RY) on or other	and STATE OR COUNT Minnesota Individual Corporati	(B) RESIDENCE: (CITY Maple Grove	Inc. categories (will not be pro-	nthia 37 CFR 3.11. Com IGNEE ntific Scimed, xiate assignee category or	(A) NAME OF ASS Boston Scien		

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from payone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United Sides Patent and Trademark Office.

This collection of information is required by 37, CFE 1.111. The information is required to obtain or retain a bount by the 1000 swhich is to file (and by the USPTO) opposess an application. Confidentially is governed by 3.5 USPTO. 122 at 97 CFE 1.11 The collection is estimated to take 12 minutes to complete, including gathering, preparing, and the complete including gathering is expensed, and the complete including gathering is expensed to the complete including gathering gathering the complete including gathering gathe

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _50-0413 _ (enclose an extra copy of this form).

136

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Date

Registration No.

Advance Order - # of Copies ___one (1)

Authorized Signature

Typed or printed name David M.

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALE SNTITY status. See 37 CFR 1.27.

Crompton